

playing on the head. Baths of 96° F., while modifying the temperature and pulse, ordinarily increase agitation. Baths of and above 98° F., elevate temperature, accelerate pulse and respiration, and when prolonged, are followed by fatigue, and debilitate the organism.

DELIBERATION AS A TEST OF SANITY.—Judge Taylor, of the Wisconsin Supreme Court (*Northwestern Reporter*, vol. xiv, Nos. 13-14) recently decided that : "Instructions to the jury upon the trial of the issue of insanity, that 'if the defendant at the time of the killing was sufficiently sane to deliberate and premeditate a design to effect death, then he was sane within the spirit and meaning of the laws applicable to this case, although he may have been, in truth, subject at the time to insane delusions on other subjects. * * * If he had sufficient power of mind and will to deliberate and premeditate a design to effect death, then you should find that he was sane,'—unexplained, are clearly erroneous, as they set up as an absolute test of sanity the power to deliberate, premeditate, and design. They make the presence of sufficient intelligence in the party accused to form a design to do a criminal act *conclusive* evidence that he is sane, and subject to punishment if he executes such design. The presence of intelligence is by no means an absolute test of sanity, for with intelligence there may be an absence of power to determine properly the true nature and character of the act, its effects upon the subject, and the true responsibility of the action,—a power necessary to control the impulse of the mind and prevent the execution of the thought that possesses it."

EYE-DISEASES AND PSYCHICAL SYMPTOMS IN LOCOMOTOR ATAXIA.—The *Arch. für Psychiatrie*, Band xiii, gives the following data concerning the relations of eye-troubles and locomotor ataxia psychical symptoms. Eighty-nine ataxic patients of the Charité at Berlin were observed with reference to this point. Seventeen presented psychical symptoms; ten were progressive paretics or simple demented; four had delusions of persecution; three were hypochondriacal. Papillary atrophy existed in thirteen per cent. of the whole number; among those who were insane, in thirty-five per cent.; of the sane, only three per cent. were so affected. Paralysis of the oculo-motors was found in forty-seven per cent. of the insane, fifteen per cent. of the sane, and twenty-two per cent. of the whole. From these figures it would seem that the presence of eye-diseases in ataxia indicates an oncoming psychical disease. From an *a priori* pathological standpoint, this was to be expected.

EROTOMANIA.—Under this title Dr. B. Ball (*L' Encéphale*, No. 2, 1883) describes what is really the symptom first

observed in many cases of primary monomania. The condition generally originates at puberty, and first shows itself by the creation of elaborate romances revolving around an adored ideal personage of the opposite sex, usually of a much higher rank than his own, and who is pursued by the patient in a manner tending to persecution. Around these central delusions hallucinations and delusions form. These patients constitute the immense majority of the chronic insane whose psychosis is said to have resulted from disappointed love. The patient is disappointed because his love is of insane origin. The love is usually of a pure nature, and the condition in this respect differs from other nymphomania or satyriasis. Ball's description of this symptom agrees with that of R. L. Parsons (*Journal of Psychological Medicine*, 1876) and others. Other than as a symptom-designation the name scarcely deserves retention in the literature.

TRANSITORY INSANITY.—Engelhorn (*Centralblatt für Nervenheilkunde*, Band iv, No. 21) reports a case of an eleven-year-old boy whose nervous system had been impaired by misery, but in whom there was no hereditary taint, who, in consequence of a threatened legal investigation into a powder explosion which injured him and killed his brother, became temporarily insane, manifesting dreamy, religious, psychical phenomena. This state which lasted an hour, was followed by slumber, and of it the patient was unconscious.

PERIODICITY IN INSANITY AND LUNAR PERIODS.—Koster (*Allgemeine Zeitschrift für Psychiatrie*, Band xxxix) claims that the periodicity of insanity and the cognate neuroses follow a definite law. The periods, either *per se* or in combination, are divisible by seven, and, as a rule, develop unevenly, so that a wave-like increase and decrease are to be noticed; each wave being made up of a variable number of periods. There is a certain amount of parallelism in the periods of exacerbation and remission. The waves represent segments whose duration can be expressed in figures divisible by seven. He is of opinion that these "laws" indicate that the moon exerts an influence. A careful examination of the facts furnished by him fails to make out the case as claimed by him. The lunar periods do influence the human body but not to the extent claimed by Dr. Koster.

FACIAL HEMIATROPHY IN A MONOMANIAC.—Mendel (*Neurologisches Centralblatt*, June 15, 1883) describes a case of facial hemiatrophy occurring in a monomaniac; the diagnosis being complicated by the somatic signs of degeneracy—the congenital facial and bodily asymmetry. The patient was a twenty-eight-year-old girl, and the disease could be traced back to the seventh year.